

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
EQUAL EMPLOYMENT OPPORTUNITY COUNSELOR'S REPORT**

A. AGENCY Indian Health Service **AREA**

B. AGGRIEVED PERSON

Name: _____ SSN: _____

Job Title/Series/Grade: _____

Place of Employment: _____

Work Phone #: _____ Home Phone #: _____

Home Address: _____

Representative: _____

Representative's Mailing Address: _____

Representative's Phone #: _____ Check if Employee: _____

C. CHRONOLOGY OF COUNSELING ACTIVITIES (DATES)

Alleged Incident(s) _____

Initial Contact: _____

Initial Interview: _____

Aggrieved Person wishes to remain anonymous: Yes___ No___

Aggrieved Person Advised of Opportunity to Participate in Established Dispute Resolution Procedure _____

Aggrieved Person **AGREES / DECLINES** to Participate in Established Dispute Resolution Procedure _____

COMPLAINANT'S SIGNATURE

Final Interview Notice: _____ Final Interview: _____

Counseling Report Completed: _____

Counseling Report Submitted to EEO Office: _____

Counseling Report **sent/delivered** to Aggrieved Person: _____

Notice of Right to File a Discrimination Complaint: _____

Has the Aggrieved Person filed a grievance or appealed to the Merit Systems Protection Board on the same matter? If so, what date was the grievance or appeal filed, and what is the status of the grievance or appeal?

D. BASIS FOR ALLEGED DISCRIMINATIONRace/Color

- | | | |
|--------------------------------------------|-------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> 1-Black | <input type="checkbox"/> 4-Asian | <input type="checkbox"/> 7-White |
| <input type="checkbox"/> 2-Hispanic | <input type="checkbox"/> 5-Aleut (Alaska Only) | <input type="checkbox"/> 8-Puerto Rican |
| <input type="checkbox"/> 3-American Indian | <input type="checkbox"/> 6-Eskimo (Alaska Only) | <input type="checkbox"/> 9-Other, specify: |

Religion

- | | |
|-------------------------------------|----------------------------------------|
| <input type="checkbox"/> A-Jewish | <input type="checkbox"/> C-Protestant |
| <input type="checkbox"/> B-Catholic | <input type="checkbox"/> D-Other _____ |

Handicap

- | | | |
|-------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> P-Physical | <input type="checkbox"/> M-Mental | <input type="checkbox"/> B-Both |
|-------------------------------------|-----------------------------------|---------------------------------|

National Origin

Specify National Origin: _____

Age

Specify Age and Date of Birth: _____

Sex

- ☐
- F-Female
- ☐
- M-Male

Sexual Orientation

Reprisal

E. ISSUES ALLEGED

- | | |
|--------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> 1-Appt/Hire | <input type="checkbox"/> 14-Harassment (Sexual) |
| <input type="checkbox"/> 2-Assign/Duties | <input type="checkbox"/> 15-Pay Including O/T |
| <input type="checkbox"/> 3-Awards | <input type="checkbox"/> 16-Promotion/Nonselection |
| <input type="checkbox"/> 4-Conversion FT | <input type="checkbox"/> 17-Reassignment Request Denied |
| <input type="checkbox"/> 5-Demotion | <input type="checkbox"/> 18-Reassignment Directed |
| <input type="checkbox"/> 6-Reprimand | <input type="checkbox"/> 19-Reinstatement |
| <input type="checkbox"/> 7-Suspension | <input type="checkbox"/> 20-Retirement |
| <input type="checkbox"/> 8-Termination | <input type="checkbox"/> 21-Time & Attendance |
| <input type="checkbox"/> 9-Disciplinary Action (Other) | <input type="checkbox"/> 22-Training |
| <input type="checkbox"/> 10-Duty Hours | <input type="checkbox"/> 23-Terms/Conditions of Employment |
| <input type="checkbox"/> 11-Examination/Test | <input type="checkbox"/> 24-Reasonable Accommodation |
| <input type="checkbox"/> 12-Evaluation/Appraisal | <input type="checkbox"/> 25-Other |
| <input type="checkbox"/> 13-Harassment (Nonsexual) | |

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F. NARRATIVE EXPLANATION OF CLAIM(S) OF DISCRIMINATION

Responsible Management Official(s):

Remedy(ies) or Resolution Requested

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G. SUMMARY OF COUNSELOR'S INQUIRY

1. Personal Contacts: Name and Title Phone Number

2. Documents Reviewed:

H. INFORMATION OBTAINED DURING INQUIRY/DOCUMENTS REVIEWED***I. SUMMARY OF INFORMAL RESOLUTION ATTEMPT***

J. SUMMARY OF COUNSELOR'S ADVICE TO INVOLVED AGENCY OFFICIAL(S)**K. COUNSELOR'S CERTIFICATION**

The aggrieved person has been provided a written statement of their rights and responsibilities regarding the EEO complaint process. In addition, I have provided the aggrieved person with a written Notice of Right to File a Discrimination Complaint on [date].

Signature of EEO Counselor

Counselor's Telephone Number

Name of EEO Counselor

Counselor's Office Address

Date Counselor's Report Completed

City, State, Zip Code

Total number of hours spent counseling this case _____ (Include all contacts, preparation and travel time).

L. AGGRIEVED PERSON'S CERTIFICATION

This acknowledges my receipt of two copies of this EEO Counselor's Report. The Counselor has provided me with a written statement of my rights and responsibilities regarding the EEO complaint process and has furnished me with a written Notice of Right to File a Discrimination Complaint on [date].

Signature of Aggrieved Person

Date

ATTACHMENTS: 1) Notice of Right to File a Discrimination Complaint
2) Election Form
3) Other (Please list)